



Marihuana Facility Application
ANNUAL LICENSE APPLICATION FEE: \$5,000.00

clerk@cityofwhitecloud.org
 231-689-1194

Section 1: Applicant Information:

Applicant Full Name:		Date of Birth:	
Phone No.		Secondary Phone No.	
Applicant Address:	City:	State:	Zip
Applicant Email Address:			
Emergency Contact Information: Name:			
Address:			
Phone:		Email:	

Section 2: Application Type: (check ONLY one type of license per application)

Recreational Medical

Grower () Class A () Class B () Class C

Microbusiness Processor Provisioning Center Safety Compliance Secure Transporter

Retailer Other _____

Individual Corporation LLC Other

If 'Other' – specify: _____

If Individual is **NOT** checked – submit a complete and full copy of organizational documents or articles of incorporation.

Section 3: Business Information:

Name of Business:	Business Phone Number:		
Business Address:	City:	State:	Zip:
FEIN Number:			

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Section 4: Stakeholder Information

Corporations, LLC's, LLP's, or Other non-individual entities as indicated in Section 2 of this application must complete this sheet for every additional Applicant or Stakeholder.

One (1) Stakeholder on this sheet shall be designated as an Emergency Contact.

For each Stakeholder [all applicants], please submit a statement with respect to each person named on the application regarding whether the person has:

(1) Ever been convicted of a felony involving controlled substances as defined under the Michigan Public Health Code, MCL 333.1101, et seq., the federal law, or the law of any other state and, if so, the date of the conviction and the law under which the person was convicted; and

(2) Ever been convicted of any other type of felony under the law of Michigan, the United States, or another state, and, if so, the date of the conviction and the law under which the person was convicted.

Please type or print legibly

Name:	Date of Birth:		
Phone No.	Percentage of Ownership:		
Address:	City:	State:	Zip:
Email Address:			
Designated Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name:	Date of Birth:		
Phone No.	Percentage of Ownership:		
Address:	City:	State:	Zip:
Email Address:			
Designated Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO			

Make additional copies of this page as needed

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Section 5: Affirmation

I acknowledge that I, the applicant, am aware that all matters related to marihuana, growing, cultivation, possession, dispensing, testing, safety compliance, transporting, distribution, and use are currently subject to State and Federal Laws, Rules, and Regulations and that the approval or granting of a license hereunder does not exonerate or exculpate myself, the applicant, from abiding by the provisions and requirements and penalties associated with those laws, rules, and regulations or exposure to any penalties associated therewith; and further myself, the applicant, waives and forever releases any claim, demand, action, legal redress, or recourse against the City of White Cloud, its elected and appointed Officials and its Employees and Agents for any claims, damages, liabilities, causes as a result of a violation by myself, the applicant, its Officials, members, partners, shareholders, employees and agent of those laws, rules and regulations and hereby waives, and assumes the risk of any such claims and damages, and lack of recourse against the City of White Cloud, its elected and appointed Officials, employees, attorneys, and agents.

I swear that neither I, the applicant, nor any stakeholder is in default to the City of White Cloud for failure to pay any property taxes, special assessments, fines, fees or other financial obligation to the City.

I agree to report any changes to any information required by any application for the operation of a Marihuana Center within the City of White Cloud to the City Clerk within ten (10) business days.

I agree that the City of White Cloud Ordinances may change from time to time and that I will be bound by those changes and amendments as applicable.

I understand that the grant of this or any license by the City of White Cloud required for the operation of a Marihuana Facility is contingent upon the granting of a license to operate a Marihuana Facility in the State of Michigan.

I swear that the statements made in this application, including all attachments thereto, are true.

Name: (printed)			Signature:		
Street Address:			Date:		
City:	State:	Zip:			

CITY OF WHITE CLOUD

Background Check Consent and Release Waiver

Applicant's Legal Name (printed)

Applicant's Date of Birth

Applicant Driver License/State ID Number

I, _____, authorize and give consent for the City of White Cloud to obtain information regarding myself.

I, the undersigned, authorize this information to be obtained in connection with my application. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the City of White Cloud my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my license with the City of White Cloud.

Print Name: _____ Date: _____

Signature: _____

Section 6: City of White Cloud Marihuana Licensing Board Checklist

Directions to Applicant: Use the **RIGHT** hand column as **YOUR** checklist to assist the City of White Cloud Marihuana Licensing Board in reviewing this application.

Marihuana Licensing Board Checklist

This column for City of White Cloud Marihuana Licensing Board use ONLY	Applicant: Use this column to present answers to the City of White Cloud Marihuana Licensing Board
Has the applicant submitted a completed Marihuana Facility licensing application to the City of White Cloud? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Has the applicant paid the \$5,000.00 license fee to the City of White Cloud? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Has the applicant submitted a completed zoning application and received Planning Commission and/or Zoning approval to operate a Marihuana Facility in the City of White Cloud? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Are ANY conditions attached to a Special Land Use approval for the operation of a Marihuana Facility in the City of White Cloud? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Has the applicant submitted a proposed business plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Has the applicant submitted an ownership structure and organization chart? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Has the applicant submitted an estimate of the number and type of jobs expected to be created along with compensation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Has the applicant submitted a floor plan of the Marihuana operation? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>
Has the applicant submitted a Community Investment Plan or a Community Outreach Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <u>Note:</u>

Office Use Only:

Marihuana Facility License Fee:	
Check / Money Order or another payment method	Type: No.
Application License No. assigned:	

Marihuana Licensing Board Notes:

THE CITY OF WHITE CLOUD MARIHUANA LICENSING BOARD recommends this application be:

APPROVED

REJECTED

Application License No. _____ - _____

(Signature of Marihuana Board representative) **Date:** _____

(Signature of Clerk) **Date:** _____